

I. EPA/STATE Hazardous Waste I.D.#  
W A D 9 8 0 9 8 2 7 0 6  
II. Waste Designated By:  
☒ RCRA/State SQ  
☐ State Only  
☐ Non-Regulated/Non-Handler/Protective Filing  
III. Exemption Status:  
☐ RCRA Exempt Recycler  
☐ State Exempt Recycler  
☐ Below QEL  
☐ Other  
IV. Handling  
☐ Emergency  
☒ Remedial Action  
☐ One-Time-Only  
☐ Other  
DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF  
DANGEROUS WASTE  
ACTIVITIES

(send to) Attn: DW Notifications  
Washington State Department of Ecology  
M/S PV-11 Olympia, WA. 98504-8711  
(206) 459-6314/6305/6306

DATE IN TO DEPARTMENT  
**RECEIVED**  
APR 21 RECD  
TECHNICAL OPERATIONS SECTION  
Init.: \_\_\_\_\_ Date: \_\_\_\_\_ Region: \_\_\_\_\_  
EPA: OK Date: 4-21 Copy: \_\_\_\_\_  
Input: \_\_\_\_\_ Update: \_\_\_\_\_ Ack.: \_\_\_\_\_  
DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION  
☐ B. REVISED NOTIFICATION  
(enter current I.D.# in upper left)  
MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_  
revisions effective: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)  
☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)  
☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)

2.A. WASHINGTON STATE DEPARTMENT OF  
REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

916-001-025 9199

3. NAME OF COMPANY

PORT OF SEATTLE

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

PO BOX 1209

CITY OR TOWN

STATE

ZIP CODE

SEATTLE WA 98111

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

6. COUNTY WHERE THIS  
INSTALLATION IS LOCATED

2001 W. GARFIELD ST KING  
TERMINAL 91

CITY OR TOWN

STATE

ZIP CODE

SEATTLE WA 98119

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

B. ☐ TRANSPORTER (complete this section only if YOU  
are transporting waste for hire or your own waste to  
an off-site facility)

C. ☐ WASTE MANAGEMENT  
FACILITY (TSD)  
(refer to definitions  
in instructions)

D. ☐ UNDERGROUND  
INJECTION

(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL

(d) ☐ WATER (e) ☐ OTHER

(1) ☐ TREATMENT

(2) ☐ STORAGE

(3) ☐ DISPOSAL

(4) ☐ WE ACCEPT  
OFF-SITE WASTES

USEPA RCRA



3014009

8. CONTACT PERSON

NAME (last),

(first)

WELLS, ROBERT

TITLE

PHONE NO. (area code & number)

ENVIRONMENTAL PLNNR 206-728-3193

9A. OWNERSHIP (Legal Owner(s) of this Company)

PORT OF SEATTLE

9B. OWNERSHIP (Legal Owner(s) of site (Property) )

PORT OF SEATTLE

10. TYPE OF OWNERSHIP

(enter letter code in box)

O



## 11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT
1	3 Electrical Transformers	WP02	3000	P
2	PCB fluid greater than 50ppm, less than 500ppm	WP02	150	G
3	PCB rinsate fluid (kerosene + PCB between 1 and 50 ppm)	WP02	1000	G
4				
5	miscellaneous rags from PCB rinsing	WP02	50	P
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. ☐ Batch Frequency \_\_\_\_\_

QUANTITY							WEIGHT

CODE

B. ☒ PER MONTH

QUANTITY					WEIGHT
					400 G

CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

10. Owned by Port of Seattle, a municipal corporation with jurisdictional

12. B. Materials will be shipped in 2-3 batches. This is a one-time project


#### 14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES  
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM  
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT  
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)  
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)  
I. ☐ OTHER (specify) \_\_\_\_\_

## 15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 		OFFICIAL TITLE (Print) ENVIRONMENTAL PLANNER	DATE SIGNED: 21 APR / 86
PRINTED NAME: ROBERT A. WELLS			